To: 18506176381 From: 14694451465 Date: 01/08/19 Time: 12:15 PM Page: 01/03

1/8/2019

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000008692 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FLORIDA LIMITED LIABILITY CO. MONOLITH MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 14694451465 Date: 01/08/19 Time: 12:15 PM Page: 02/03

(((H19000008692 3)))

saCP pokora ile

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

MONOLITH MANAGEMENT LLC

ARTICLE II Address

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

524 1st Street Port St. Joe, FL 32456 524 1st Street Port St. Joc, FL 32456

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ira R. Shapiro 16375 NE 18th Avenue, Suite 225 North Miami Beach, FL 33162

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S.

ra R. Shapiro, Registered Agent

(((H190000086923)))

To: 18506176381 From: 14694451465 Date: 01/08/19 Time: 12:15 PM Page: 03/03

(((H190000086923)))

ARTICLE IY Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V Persons Authorized to Manage and Control

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MOR

Robert W. Pokora 524 1st Street Port St. Joe, FL 32456

Robert W. Pokors, MGR

(In accordance with Section 605.0203(1)(b), Florida Stanties, the execution of this document constitutes an affirmation under the penalities of perjury that the facts wased herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in 1.817.153, F.S.)